Foster Family Home - Corrective Action Report

Provider ID:	1-576225	# endoor-dis		* 3	* Territory	per Marie de p	
Home Name:	Marylou G	orospe, CNA	Review ID:	1-576225-6	¥	يه ۱۰ سي پوځونو	
91-838 Kehue Stre	eet		Reviewer:	1		<i>t</i>)	
Ewa Beach		HI 96706	Begin Date:	12/22/2016	End Date:	2/21/2017	
Foster Family H	lome	Required Certific	cate	[17	-1454-6]		
6.(d)(1)	Comply v	with all applicable requ	irements in this ch	apter; and	********		
Comment:		10/00/00/00					
o (d)(1) Home vi corrective action	sit made o plan due t	on 12/22/2016 for a to CTA on 1/22/201	3-bed recertificati 7.	on. Corrective a	action report iss	sued during home visit with	
6 (d)(1) see appl	icable sec	tions of this review.					
Foster Family Home Background Checks			ecks	[17-1454-7.1]			
7.1.(a)(1) Comment:	Be subjec	ct to criminal history re	ecord checks in acc	ordance with sec	tion 846-2.7, HR	S;	
	3, and 4 la	apsed on eCrim due	e on/before 7/21/	16 done on 8/7/	16		
Foster Family H	lome	Personnel and S	taffing	[17	-1454-41]		
41.(b)(7)	Have a co	urrent tuberculosis cle	arance that meets	department of he	alth guidelines; a	nd	
Comment:					************	***********	
CG#1 lapsed on home.	TB cleara	nce due on/before	12/11/16 done on	12/20/16. CG#-	4 Current TB cl	earance not present in the	
Foster Family H	lome	Records		[17-	-1454-52]		
52.(c)(2) Comment:	Client's c	urrent individual servi	ce plan, and when a	appropriate, a trar	nsportation plan	approved by the department;	
52.(c)(2) Client # (POLST).	1, 2, and 3	3 Service Plan code	status does not i	match the Physi	ician Orders for	Life-Sustaining Treatment	
						4	
						,	
	Complia	ance Manager			Date		
•	Mo	syla 4. He	2015/		/>	1-2-110	
	Primary	Care Giver	· · · · · · · · · · · · · · · · · · ·		Date /	10-110	

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Written Plan of Correction

02/20/2017

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

- 7.1 (a)(1) CG#1, CG#3, and CG#4 will not lapse on eCrim in the future. To prevent this from happening again, the home uses a note sheet reminder for eCrim before due a month ahead.
- 41.(b)(7) CG#2 completed TB clearance on 02/08/2017. This will not happen again. The home will use a computer program to remind CG#2 to do TB clearance one month ahead of time every year.
- 52.(c)(2) Current service plan code status now matches with physician's orders for Life-Sustaining treatment for clients #1, #2, and #3. This will not happen again because the home will let R.N. case manager know if somethings different in the client's charts.

Date: 02/20/2017

Signed: Maylon N. Mowyle Marylou Gorospe

91-838 Kehue ST

Ewa Beach, HI 96706